

## Announcing the new *Wisconsin Medicaid and BadgerCare Update Summary*

### Inside this Update:

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Introducing Wisconsin Well Woman Medicaid

What's new on the Medicaid and BadgerCare Web sites

Beginning July 2002, a summarized version of the *Wisconsin Medicaid and BadgerCare Update* will be sent by mail to all providers. Providers will be able to receive full-text versions of each article through the Internet, by e-mail, or by calling Provider Services.

### **New *Wisconsin Medicaid and BadgerCare Update Summary***

Over the years, the Department of Health and Family Services, Division of Health Care Financing (DHCF), has kept providers informed of changes to the Wisconsin Medicaid program, as they occur, through frequent paper publications. As the Wisconsin Medicaid program has grown, and with the addition of the Wisconsin BadgerCare program, these publications have transformed in style and size into what is now the monthly *Wisconsin Medicaid and BadgerCare Update*.

The DHCF strives to balance the cost of producing the *Update* with offering providers quality, timely program information in the most cost-effective manner. Therefore, beginning in July 2002, the DHCF will replace the multiple-page *Update* with a single-page, monthly summary of new program information. Occasionally, the DHCF will send *Update* articles to providers in full-text.

The new publication, titled the *Wisconsin Medicaid and BadgerCare Update Summary*, will contain an overview of the all-provider and service-specific articles available that month and instructions on how to obtain a full-text version of each. The information in the following sections explains the three ways providers may obtain full-text versions of *Update* articles.

### *Internet*

Obtaining articles through the Internet from the Wisconsin Medicaid Web site is not a new option; however, the *Update Summary* offers a Web address that directly links providers to a list of each month's articles. Once at this list, providers may choose which article(s) they wish to view. Providers may then print specific articles to keep on paper as well as navigate to other Wisconsin Medicaid information available on the Web site. (The Wisconsin Medicaid Web site home page is located at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).)

### *E-mail*

This new option allows providers with e-mail to receive articles in Portable Document Format (PDF) via e-mail, even if they do not have Internet access. Providers who wish to use this option may send an e-mail to the address listed

at the end of the desired article — e-mail addresses are active for six months. This e-mail should not include any text (e.g., policy questions, requests for materials, claims status inquiries), as the response containing the PDF file is generated automatically and will not contain answers to questions or fulfill requests for other information. Providers will receive a reply, via e-mail, containing the PDF article within one business day of the request. The PDF files may then be printed, shared electronically with others or stored electronically for future reference.

Due to the size of the PDF files, each article will have its own e-mail. Some PDFs may download faster than others depending on the size of the file. File sizes will be included at the end of each article listed in the *Update Summary*.

Adobe Acrobat Reader® is needed to view PDF files. The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site and information on approximate download times based on file size at [www.dhfs.state.wi.us/medicaid/reader.htm](http://www.dhfs.state.wi.us/medicaid/reader.htm).

### *Provider Services*

Providers are strongly encouraged to use one of the two electronic options (i.e., Internet or e-mail) rather than contacting Provider Services. However, providers without Internet or e-mail access may call Provider Services at (800) 947-9627 or (608) 221-9883 for copies of articles. To expedite the call, correspondents will ask providers for the Web address listed at the bottom of the article summary. Providers should allow seven to 10 business days for delivery of full-text *Updates* on paper.

### **HIPAA inSight**

*HIPAA inSight* articles will be included in the *Update Summary*. Providers may obtain *HIPAA inSight* articles the same way they obtain *Update* articles.

### **Attachment**

Attachment 1 of this *Update* contains an example of the new *Update Summary*. It is the May 2002 *Update* in summary format, with a working Web address that links to the list of May articles and an active e-mail address for each topic. Providers can use this example to test which electronic option works best for them. ✦

## **Introducing Wisconsin Well Woman Medicaid**

Wisconsin implemented a new Medicaid subprogram effective January 1, 2002, called Wisconsin Well Woman Medicaid. Wisconsin Well Woman Medicaid provides Medicaid eligibility for full Medicaid benefits to uninsured and underinsured women who are 35 to 64 years of age who have been screened by the Wisconsin Well Woman Program (WWWP) and are in need of treatment for breast cancer, cervical cancer, or pre-cancerous conditions of the cervix.

### **Wisconsin Well Woman Medicaid coverage**

Wisconsin implemented a new Medicaid subprogram effective January 1, 2002, called Wisconsin Well Woman Medicaid. Wisconsin Well Woman Medicaid provides Medicaid eligibility for full Medicaid benefits to uninsured and underinsured women ages 35 to 64 who have been screened by the Wisconsin Well Woman Program (WWWP)\* and are in need of treatment for any of the following:

- Breast cancer.
- Cervical cancer.
- Pre-cancerous conditions of the cervix.

Individuals enrolled in Wisconsin Well Woman Medicaid receive the full range of Medicaid benefits. Services for these individuals are *not* limited to treatment of breast cancer, cervical cancer, or pre-cancerous conditions of the cervix. Women who are eligible for Wisconsin Well Woman Medicaid are not enrolled in Medicaid HMOs, therefore, services provided to these women are reimbursed through Medicaid fee-for-service.

**I**ndividuals enrolled in Wisconsin Well Woman Medicaid receive the full range of Medicaid benefits. Services for these individuals are *not* limited to treatment of breast cancer, cervical cancer, or pre-cancerous conditions of the cervix.

### **Wisconsin Well Woman Medicaid presumptive eligibility**

Wisconsin Well Woman Medicaid presumptive eligibility allows a woman who has undergone a cancer screening through a Medicaid-certified WWWP screener to receive temporary Medicaid eligibility while she applies for Wisconsin Well Woman Medicaid at her local county/tribal social or human services agency. Her presumptive eligibility begins at the date of diagnosis and goes through the last day of the following calendar month. A woman is required to present both of the following forms to receive *any* Medicaid-covered service during her presumptive eligibility period and until she receives a Medicaid Forward card:

- Wisconsin Well Woman Program (WWWP) Enrollment form (DPH 4818) — completed by the WWWP coordinator with the assistance of the woman.
- Wisconsin Well Woman Medicaid Determination form (HCF 10075) — completed by the WWWP provider/screener (i.e., physician) with the assistance of the woman.

After completing the determination form, the WWWP provider/screener sends a copy of the form to the WWWP coordinator. The WWWP coordinator forwards the information to Wisconsin Medicaid so that the woman may receive a Forward card.

Samples of the forms are in Attachment 2 of this *Wisconsin Medicaid and BadgerCare Update*. Wisconsin Medicaid recommends that providers retain photocopies of the completed DPH 4818 and HCF 10075 forms for their records.

### **Submitting claims for women covered under Wisconsin Well Woman Medicaid presumptive eligibility**

Providers may verify Wisconsin Well Woman Medicaid eligibility through Medicaid's Eligibility Verification System (EVS). Information from the EVS (e.g., a woman's Medicaid identification number) can then be used when submitting claims. Wisconsin Medicaid recommends providers wait to submit claims until eligibility has been verified through the EVS.

If a woman's eligibility is not available 30 days after a service was performed, providers should verify the date of diagnosis (to verify that her presumptive eligibility period is valid) on the Wisconsin Well Woman Medicaid Determination form (HCF 10075) presented by the woman on the date of service.

Providers may then attach copies of forms DPH 4818 and HCF 10075 with a claim for services provided to a woman covered under Wisconsin Well Woman Medicaid presumptive

eligibility and submit it to Good Faith at the following address:

Wisconsin Medicaid  
Good Faith  
PO Box 6215  
Madison WI 53784-6215

Refer to the Claims Submission section of the All-Provider Handbook for detailed information about submitting claims to Good Faith.

### Continuing Medicaid coverage

To ensure continuous Medicaid coverage, a woman with presumptive eligibility is required to apply for Wisconsin Well Woman Medicaid at her local county/tribal social or human services agency before her presumptive eligibility period ends.

Medicaid coverage may begin any time after her diagnosis has been confirmed through a WWWP screening. Eligibility may be backdated for a period of up to three months prior to the application date or back to the diagnosis date (but no earlier than January 1, 2002) whichever is most recent. A woman must complete the Wisconsin Well Woman Determination form (HCF 10075) each year to confirm her continued eligibility for Wisconsin Well Woman Medicaid.

### Wisconsin Well Woman Medicaid eligibility criteria

To be eligible for Wisconsin Well Woman Medicaid, a woman must meet *all* of the following criteria:

1. Be at least 35 but under 65 years of age.
2. Meet WWWP income requirements.

3. Be a Wisconsin resident.
4. Be a U.S. citizen or of qualifying immigration status.
5. Have a Social Security number or apply for one.
6. Have been screened for breast or cervical cancer by the WWWP.
7. Have a diagnosis of breast or cervical cancer or a pre-cancerous condition of the cervix, as identified by the WWWP provider/screener (i.e., physician).
8. Require treatment for breast or cervical cancer or a pre-cancerous condition of the cervix, as identified by the WWWP provider/screener.
9. Does not have major medical health care coverage.

**M**edicaid coverage may begin any time after [a woman's] diagnosis has been confirmed through a WWWP screening.

### Funding and operating authority

Wisconsin Well Woman Medicaid was mandated under s. 49.743 of 2001 Wisconsin Act 16. The federal authority is granted under Title XIX (Medicaid) of the Social Security Act, "Breast and Cervical Cancer Prevention and Treatment Act of 2000."

### More information

Providers may refer patients to a WWWP local coordinating agency to obtain more information about Wisconsin Well Woman Medicaid eligibility or call the Wisconsin Women's Health Hotline at (800) 218-8408. A list of coordinating agencies may be found on the Wisconsin Well Woman Program Web site at:

[www.dhfs.state.wi.us/dph\\_bcdhp/wwwwp/](http://www.dhfs.state.wi.us/dph_bcdhp/wwwwp/).

Providers who are interested in becoming a WWWP screener may call the WWWP at (608) 221-3846 or (608) 221-4438.

## Information regarding Medicaid HMOs

This *Update* article contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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\* The Wisconsin Well Woman Program (WWWP) is separate from Wisconsin Well Woman Medicaid. The WWWP provides preventive health screening services (e.g., mammograms, Pap tests, and certain other health screenings) to women with little or no health insurance coverage. Wisconsin Well Woman Medicaid provides full Medicaid coverage including treatment of breast cancer, cervical cancer, and pre-cancerous conditions of the cervix for eligible women. Wisconsin Well Woman Medicaid is for women only. ✦

## What's new on the Medicaid and BadgerCare Web sites

The Wisconsin Medicaid and BadgerCare Web sites include provider and recipient publications, contacts and statistics, and eligibility and benefit information.

Providers may visit the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). The BadgerCare Web site is located at [www.dhfs.state.wi.us/badgercare/](http://www.dhfs.state.wi.us/badgercare/).

The following is a list of recently added information:

- June 2002 *Wisconsin Medicaid and BadgerCare Update*.
- March 2002 *Forward*.
- 2002 Federal Poverty Level guidelines.
- Updated caseload statistics.

Keep in mind that if you do not have a computer with Internet access, many libraries have access available. ✦

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

ATTACHMENT 1  
Example of *Wisconsin Medicaid and BadgerCare  
Update Summary*

(An example of the *Update Summary* is on the following pages.)

# Example of front page

# wisconsin Medicaid and BadgerCare



update  
summary

May 2002  
PHC XXXX

Wisconsin Medicaid and BadgerCare Information for Providers

## Obtaining articles in full-text format

There are two ways to electronically access full-text versions of the articles summarized in this publication: via the Internet or by e-mail.

### Internet

To access the information from the Internet, go to the Web address listed at the end of the article. From these Web pages, providers may print the specific article as well as navigate to other Wisconsin Medicaid publications available on the Medicaid Web site.

### E-mail

To receive an e-mail containing a specific article in Portable Document Format\* (PDF), send an e-mail to the address listed at the end of the article – e-mail addresses are active for six months. This e-mail should not include any text, as the response containing the PDF file is generated automatically. Providers will receive a response, including the PDF file requested, within one business day.

Providers unable to access the articles using either of these automated methods may call Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883. Allow 7 to 10 days for delivery of *Updates* requested in full-text.

\* Adobe Acrobat Reader® is needed to view PDF files. The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site and information on approximate download times based on file size at [www.dhfs.state.wi.us/medicaid/reader.htm](http://www.dhfs.state.wi.us/medicaid/reader.htm).

## Verifying Medicaid eligibility of foster care children

**To:** All providers

Children in foster care programs are generally eligible for Wisconsin Medicaid. These children should have either a Medicaid Forward card or a green temporary Medicaid card. If a foster care child does not have one of these cards, providers may verify his or her eligibility using Wisconsin Medicaid's Eligibility Verification System.

### Web address:

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

### E-mail address:

2002-May1@wimedicaid.org  
(PDF file size: 217KB)

## One-year extension on compliance deadline for HIPAA standards for electronic transactions

**To:** All providers

**Effective:** October 16, 2003

Recent federal legislation for the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) extended the compliance deadline for the standards for electronic transactions to October 16, 2003.

### Web address:

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

### E-mail address:

2002-1864@wimedicaid.org  
(PDF file size: 36KB)

## Deactivated and defective Medicaid Forward cards

**To:** All providers

This *Update* clarifies how providers using a magnetic stripe card reader should verify a recipient's eligibility when the recipient has a deactivated or defective Medicaid Forward card.

### Web address:

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

### E-mail address:

2002-May2@wimedicaid.org  
(PDF file size: 73KB)

## Procedure codes eligible to receive the Health Personnel Shortage Area-enhanced reimbursement rates

**To:** Federally Qualified Health Centers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

**Effective:** May 1, 2002

Effective for dates of service on and after May 1, 2002, Wisconsin Medicaid will make additional procedure codes eligible for the Health Personnel Shortage Area (HPSA)-enhanced reimbursement rate. Providers are also reminded to use a HealthCheck modifier, not a HPSA modifier, when submitting claims for HPSA-eligible HealthCheck screens in order to receive the HealthCheck-enhanced reimbursement rate.

### Web address:

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

### E-mail address:

2002-19@wimedicaid.org  
(PDF file size: 194KB)

## Submitting claims for mental health and substance abuse outpatient services provided to dual entitlements

**To:** AODA Counselors, Master's Level Psychotherapists, Mental Health/Substance Abuse Clinics, Physician Clinics, Physicians, Psychologists, HMOs and Other Managed Care Programs

This *Update* describes how providers should submit claims for mental health and substance abuse (alcohol and other drug abuse) outpatient services provided to dual entitlements.

### Web address:

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

### E-mail address:

2002-18@wimedicaid.org  
(PDF file size: 169KB)

# Example of back page

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## Coverage of anti-emetic drugs

**To:** Federally Qualified Health Centers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

**Effective:** July 1, 2001

Effective for dates of service on and after July 1, 2001, providers submitting claims for anti-emetic drugs for Medicaid recipients receiving chemotherapy should use HCFA Common Procedure Coding System (HCPCS) "Q" codes.

**Web address:**

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

**E-mail address:**

2002-17@wimedicaid.org  
(PDF file size: 163KB)

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## Prior authorization examples for vision providers

**To:** Ophthalmologists, Opticians, Optometrists, HMOs and Other Managed Care Programs

This *Update* gives a brief overview of prior authorization (PA) and provides examples of some of the most common vision procedures requiring PA, including symptoms indicating medical necessity and codes to be submitted on the PA request.

**Web address:**

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

**E-mail address:**

2002-21@wimedicaid.org  
(PDF file size: 174KB)

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## What's new on the Medicaid and BadgerCare Web sites

**To:** All providers

Providers may visit the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/). The BadgerCare Web site is located at [www.dhfs.state.wi.us/badgercare/](http://www.dhfs.state.wi.us/badgercare/). The following is a list of recently added information:

- May 2002 *Wisconsin Medicaid and BadgerCare Update*.
- Revised Pharmacy Data Tables section of the Pharmacy Handbook.
- Spanish and Hmong translations of the recipient Eligibility and Benefits Handbook.
- Updated inpatient and outpatient hospital Diagnosis Related Groupings (DRG) rates and inpatient hospital DRG weights.

**Web address:**

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

**E-mail address:**

2002-May3@wimedicaid.org  
(PDF file size: 68KB)

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## Code changes for independent laboratories

**To:** Independent Labs, HMOs and Other Managed Care Programs

Effective immediately, Wisconsin Medicaid has expanded the covered laboratory procedure codes and added new combinations of type of service and place of service codes for independent laboratories.

**Web address:**

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

**E-mail address:**

2002-23@wimedicaid.org  
(PDF file size: 126KB)

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## Prior authorization of durable medical equipment and Medicaid managed care programs

**To:** Individual Medical Supply Providers, Medical Equipment Vendors, Pharmacies, HMOs and Other Managed Care Programs

This *Update* provides clarification on policy regarding prior authorization procedures for durable medical equipment when a recipient enrolls in or disenrolls from a Medicaid HMO, special managed care program, or a Family Care care management organization.

**Web address:**

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

**E-mail address:**

2002-20@wimedicaid.org  
(PDF file size: 174KB)

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## Specialized medical vehicle and school-based transportation services coverage clarification

**To:** School-Based Services Providers, Specialized Medical Vehicle Providers, HMOs and Other Managed Care Programs

Wisconsin Medicaid will not reimburse specialized medical vehicle providers for transporting a child to school or another location to receive Individualized Education Program (IEP) medical services when that transportation is in the child's IEP.

**Web address:**

[www.dhfs.state.wi.us/medicaid/May\\_2002/](http://www.dhfs.state.wi.us/medicaid/May_2002/)

**E-mail address:**

2002-22@wimedicaid.org  
(PDF file size: 169KB)

# ATTACHMENT 2

## Sample Wisconsin Well Woman Medicaid enrollment and determination forms

The following two forms are required to be completed to begin the application process for Wisconsin Well Woman Medicaid. A woman is required to present both forms to receive any Medicaid-covered service until she receives a Medicaid Forward card. Wisconsin Medicaid recommends providers photocopy these completed forms and retain them in their records:

- Wisconsin Well Woman Program (WWWP) Enrollment form (DPH 4818).
- Wisconsin Well Woman Medicaid Determination form (HCF 10075).

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
 Division of Public Health  
 DPH 4818 (prev. 11/02) **WISCONSIN WELL WOMAN PROGRAM (WWWP) ENROLLMENT**  
 STATE OF WISCONSIN  
 s. 355.075, Wis. Stats.  
 Read instructions on reverse prior to completing this form. Prior diary/Client information in this document is confidential under Wis. Stats. 195.02

**PERSONAL INFORMATION – Completed by Client**

1. Last Name \_\_\_\_\_, First Name \_\_\_\_\_, Middle Name \_\_\_\_\_  
 4. Maiden Name \_\_\_\_\_, Date of Birth (mm/dd/yyyy) \_\_\_\_\_, Social Security No. (Optional) \_\_\_\_\_  
 5. Client Identification No. (Assigned by Local Coordinating Agency) \_\_\_\_\_  
 7. Race  Alaska Native  American Indian  Asian  Black  Eskimo  Hispanic  Other  Pacific Islander  
 8. Ethnicity  Hispanic  Non-Hispanic  Unknown  
 9. Street Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
 10. County \_\_\_\_\_, Day Telephone No. \_\_\_\_\_, Night Telephone No. \_\_\_\_\_  
 11. Mailing Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
 12. Name of contact person, not living with you \_\_\_\_\_  
 13. Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
 14. Contact Person's Day Telephone No. \_\_\_\_\_, Night Telephone No. \_\_\_\_\_

**ENROLLMENT INFORMATION – Completed by Enrollment Site**

15. Enrollment Site Name \_\_\_\_\_  
 16. Site County / Tribe \_\_\_\_\_, Enrollment Date (mm/dd/yyyy) \_\_\_\_\_  
 17. Enrollment Site Number (if known) \_\_\_\_\_

**INSURANCE INFORMATION – Completed by Client**

18. Do you have any health insurance?  Yes  No 19. Do you have Medicare Part D?  Yes  No

**HEALTH CARE PROVIDER INFORMATION – Completed by Client**

20. Do you have a primary health care provider?  Yes  No 21. If Yes, Name of Provider \_\_\_\_\_  
 22. Street Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
 23. Do you have a primary care clinic?  Yes  No 24. If Yes, Name of Clinic \_\_\_\_\_  
 25. Street Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_  
 26. How did you hear about this program?  WWWP Coordinator  Relative / Friend  Radio / TV  Clinic / Health Care Provider  Other \_\_\_\_\_

**CLIENT PARTICIPATION AGREEMENT**

I understand and agree to the following: the Wisconsin Well Woman Program (WWWP) will use the personal enrollment and case management. I give WWWP permission to release my medical information to the La Proferencia, referral agencies and the State of Wisconsin. I understand that WWWP pays for preventive care treatment services. I have read the current program eligibility criteria and, to the best of my knowledge, my information I have given is true and correct. I will inform the WWWP LCA if I move or if I no longer wish to part take (1) year from the date signed.

27. SIGNATURE – Applicant \_\_\_\_\_, Date Signed \_\_\_\_\_  
 28. SIGNATURE – Witness \_\_\_\_\_, Date Signed \_\_\_\_\_

**Office Use Only**

New Enrollment  Meets Eligibility Requirements  Age \_\_\_\_\_  Income 1 \_\_\_\_\_  Household 1  
 Re-Enrollment  Meets Eligibility Requirements  Age \_\_\_\_\_  Income 2 \_\_\_\_\_  Household 2  
 Inactive  Out of Area  Deceased Date (mm/dd/yyyy) \_\_\_\_\_  
 Refer for GOC and / or Mammogram Provider Name \_\_\_\_\_  
 Refer for Pelvic and PAP Provider Name \_\_\_\_\_  
 Refer for other Well Woman Screening Provider Name \_\_\_\_\_  
 Name of Interviewer \_\_\_\_\_

Return completed white copy only, of form to: WWWP – Fiscal Agent, P. O. Box 8865, 1 White (Top) Copy – Fiscal Agent, Yellow (2) Copy – Provider, Pink (3) Copy – Local Coordinator

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
 Division of Health Care Financing  
 HCF 10075 (6/1/02) **WISCONSIN WELL WOMAN MEDICAID DETERMINATION**  
 STATE OF WISCONSIN  
 Wis. Stats. 48.473

**Instructions:**

**Part A – Applicant Information** - This section needs to be completed by the applicant. Completion of this form is required to enable the Medicaid Program to authorize and pay for medical services provided to eligible recipients. Under 48.45 (4) Wis Statutes, personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to the Medicaid program administrative such as determining eligibility of the applicant. Failure to supply the information requested by this form may result in denial of Medicaid payment for the services.

- Enter applicant's name as it appears on the Wisconsin Well Woman Program Enrollment form (DPH 4818). Attach a copy of DPH 4818 to this form.
- Enter applicant's address (must be a Wisconsin address).
- Enter applicant's social security number (SSN). The provision of the SSN is required under Wisconsin Administrative code HFS 103.03 (4) for any person requesting medical services covered by the Medicaid program. The SSN will only be used to determine eligibility for Medicaid. If the SSN is not provided benefits may be denied.
- Enter applicant's date of birth. Applicant must be 35 through 64 years of age.
- Applicant must sign and date the form.

**Part B – Referring Health Care Screener/Provider** - This section of the form is to be filled out by the Wisconsin Well Woman Program screener/health care provider.

- Enter the name of the health care provider who is attesting to the screening, diagnosis and treatment recommendation.
- Enter the date the screen was done.
- Enter the date of diagnosis. This date should be on or after the date of the screen.
- Enter the diagnosis. It may be any diagnosis of a condition of breast or cervical cancer or pre-cancerous lesions requiring treatment.
- The treatment recommended box must be checked/yes.
- The screener/health care provider must sign, indicating medical credential, and date the form.

**Part C - Economic Support (ES) Worker can add comments as needed.**

**PART A - Applicant Information**

Name - Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_  
 SIGNATURE – Applicant \_\_\_\_\_ Date Signed (mm/dd/yyyy) \_\_\_\_\_

**PART B - Referring Health Care Screener / Provider**

Name - Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Screener / Provider Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Screen \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_ Treatment Recommended?  Yes  No  
 Diagnosis \_\_\_\_\_  
 SIGNATURE – Referring Health Care Screener / Provider \_\_\_\_\_ Date Signed (mm/dd/yyyy) \_\_\_\_\_

**PART C - Comments**

Agency \_\_\_\_\_ ES Worker Only \_\_\_\_\_ Office Use \_\_\_\_\_